

WY ARNG OFFICE OF THE STAFF JUDGE ADVOCATE

ESTATE PLANNING QUESTIONNAIRE WORKSHEET

NOTE: While the majority of individuals do not need complex estate planning, the only way to tell is by asking certain questions. This worksheet is intended to determine if you need a complex will, or if a basic will would be best for you. Answer the following questions as completely as possible:

****THIS FORM MUST BE COMPLETED BEFORE MEETING WITH A JAG OFFICER****

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (check all that apply) <input type="checkbox"/> Separated or about to divorce		
Circle or fill in your answers	<u>You</u>	<u>Your Spouse</u>
2. Are you a U.S. citizen?	Yes No	Yes No
3. Do you have a will or trust now? **	Yes No	Yes No
4. Are you expecting to receive property or money from (circle all that apply): If so, approximately how much?	Gift Inheritance Lawsuit Other \$	Gift Inheritance Lawsuit Other \$
5. Do you have any family considerations, such as a special needs child, that require specific mention in your will?	Yes No	Yes No
6. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI,PR)	Yes No	Yes No
7. Do you have a pre-nuptial or post-nuptial agreement? **	Yes No	Yes No
8. Do you have a divorce decree that mentions pension, insurance, or other property rights? **	Yes No	Yes No
9. Do you or your spouse have any commercial life insurance policies and/or annuities, including SGLI or VGLI? If so, what is the total death benefit?	\$	\$
10. Do you or your spouse own a home or any other real estate? If so, what is the equity in that property?	\$	\$
11. Do you or your spouse own any other titled property, such as a car, boat, etc.? If so, what is the equity in that property?	\$	\$
12. Do you or your spouse have any checking or interest bearing accounts (savings, CDs)? If so, what is the approximate balance?	\$	\$
13. Do you or your spouse own any investments such as stocks or mutual funds (DO NOT include IRAs)? If so, what is the approximate balance?	\$	\$
14. Do you or your spouse have any profit sharing, IRAs or pension plans? If so, what is the current value?	\$	\$
** If "yes" to questions 3, 7, or 8, you must bring these documents to your appointment		

NOTE: If you answered "no" to Question 2, or if you answered "yes" to either Questions 7 or 8, you should complete a complex estate planning questionnaire. If you answered "yes" to any of Questions 9 through 14, you should total the dollar amounts, and if the total is \$1.5 million or greater, you should complete a complex estate planning questionnaire. When in doubt, complete a complex estate planning questionnaire, as too much information is better than too little.

WY ARNG OFFICE OF THE STAFF JUDGE ADVOCATE

BASIC ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated or about to divorce	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Name (first, middle, last):					
Name of spouse if married or separated (first, middle, last):					
Status: <input type="checkbox"/> Active duty <input type="checkbox"/> AGR <input type="checkbox"/> Technician <input type="checkbox"/> Retired <input type="checkbox"/> Family member <input type="checkbox"/> Other Rank:					
State of legal residence:					

FOR CLIENTS WITH CHILDREN

Full name of child (first, middle, last)	Age	T=From this marriage P=Previous marriage A=Adopted S=Stepchild	Child's gender

If you have adopted or step-children, do you want your will to state that they are to be treated under your will like natural born children? ☐ **yes** ☐ **no**

WHO DO YOU WANT TO TAKE CARE OF YOUR PERSONAL MATTERS AFTER YOUR DEATH?

Executor (also known as Personal Representative): This person is your first choice to settle your estate.

Full name and relationship:
City and state where individual lives:

Alternate Executor: This person is your second choice to settle your estate, if your first choice dies or is unwilling to serve.

Full name and relationship:
City and state where individual lives:

WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?

Primary Beneficiary or Beneficiaries

☐ Check here if you want your spouse to get everything, and if your spouse dies, then equally to your children.

NOTE: you may select this option if you and your spouse do not currently have children, but think you may have children in the future.

If you did not check the box above, please complete the grid below.

Name of person (first, middle, last)	Relationship	Percentage (must add to 100%)

Alternate Beneficiary or Beneficiaries

Who do you want to receive your estate if the primary beneficiary or beneficiaries do not survive you?

Name of person (first, middle, last)	Relationship	Percentage (must add to 100%)

Disinheriting

Is there any person that you specifically do not want to receive anything from your estate? If yes, list name(s) & relationship:

WHO DO YOU WANT TO RAISE YOUR CHILDREN?

GUARDIAN OF THE PERSON: This person will raise your children in the event of your death. The guardian with whom the child lives is called the *guardian of the person*, and does not have to be the same person who manages the child's money.

Primary Guardian: This person is your first choice to serve as guardian.

Full name and relationship:
City and state where the individual lives:

Alternate Guardian: This person is your second choice to serve as guardian, if your first choice dies or is unwilling to serve.

Full name and relationship:
City and state where the individual lives:

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship *of the property*. An adult, who need not be the same person as the *guardian of the person*, will hold the money for the children until they reach the age of majority under state law, which is usually age 18. Money is then distributed in one lump sum. The alternative is a trust. This allows you to select an age of distribution that is older than the state's age of majority, or to distribute the money in more than one installment. If you do not mind the children receiving the money in one lump sum at the age of majority, you do not need to establish a trust. If you want the children to receive the money in installments or at an age above the age of majority, you need to establish a trust. Under both systems, the adult can use the money throughout your children's lives for their health, education, and other needs.

Do you want to establish a trust for your children in your will? ☐ **yes** ☐ **no**

Money in the trust is to be distributed as follows (choose one):

☐ **give it to my children in one lump sum at age** _____

☐ **give it to my children in installments as follows (choose one):**

☐ 1/2 at 21 and 1/2 at 25; or ☐ 1/3 at 21; 1/3 at 25; and 1/3 at 30, or ☐ 1/3 at 25; 1/3 at 30; 1/3 at 35

TRUSTEE: Generally speaking, the trustee should *not* be one of the older children, or anyone else who may share in the property, as this may cause conflict each time they make a decision.

Trustee: This person is your first choice to serve as trustee.

Full name and relationship:
City and state where the individual lives:

Alternate Trustee: This person is your second choice to serve as trustee, if your first choice dies or is unwilling to serve.

Full name and relationship:
City and state where the individual lives:

WY ARNG OFFICE OF THE STAFF JUDGE ADVOCATE

COMPLEX ESTATE PLANNING QUESTIONNAIRE

NOTES: One questionnaire for each client. Spouses must each complete a questionnaire, and each individual must be physically present for the interview. This questionnaire should be filled out as completely as possible before the interview.

****THIS FORM MUST BE COMPLETED BEFORE MEETING WITH A JAG OFFICER****

PERSONAL INFORMATION

1. Marital Status (check all that apply)	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated or about to divorce
2. Name (First, Middle, Last)					
3. Home Address (Number, Street)		City		State	Zip
4. Mailing Address If Different From Above (Number, Street)		City		State	Zip
5. Home Phone ()		Work Phone ()			
6. Command/Employer/Retired	Occupation	Rate/Rank	Branch of Service	Time in Svc	

Circle or fill in your answers	You	Your Spouse
7. Are you a U.S. citizen?	Yes No	Yes No
8. Do you have a will or trust now? **	Yes No	Yes No
9. Are you expecting to receive property or money from (circle all that apply):..... If so, approximately how much?	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$
10. How many natural children do you have (you are the biological parent)?		
11. How many adopted children do you have?		
12. How many stepchildren do you have (not adopted)?		
13. In which state do you vote?		
14. Which state issued your driver's license ?		
15. In which state is your car registered?		
16. In which state(s) do you own real estate?		
17. In which state(s) do you file tax returns?		
18. In which state do you plan to retire/live permanently?		
19. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI,PR)	Yes No	Yes No
20. Do you have a pre-nuptial or post-nuptial agreement? **	Yes No	Yes No
21. Do you have a divorce decree that mentions pension, insurance, or other property rights? **	Yes No	Yes No
** If "yes" to questions 8, 20, or 21, you must bring these documents to your appointment		

YOUR ESTATE ASSETS

When we assist you in planning your estate, it is important that we know what kind of property you own and exactly how you own it (how it is titled). Each state has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information.

You may not have some of the types of assets listed below. If not, just print "NONE" in the spaces and move on. If you need more room to write additional assets, please write on a separate piece of paper.

22. Do you (or your spouse) have any **COMMERCIAL** life insurance policies and/or annuities?

Name of Company	Who is insured	Who owns the Policy	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Value of your SGLI or VGLI:			Total Value of Policies in Question 22 (Q 22):		

23. Do you (or your spouse) own a home or any other real estate?

Description and Location	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity
Total Net Value in Q 23 :					

24. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity
Total Net Value in Q 24:				

25. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value in Q 25:		

26. Do you (or your spouse) own any investments such as stocks or mutual funds (do *not* include IRAs)?

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value
Total Value in Q 26:		

27. Do you (or your spouse) have any profit sharing, IRAs or pension plans?

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value
Total Value in Q 27:			

28. Does anyone owe you money? If yes, please describe the loan(s) and approximate value on a separate piece of paper.

29. Do you own a **business** or any special items of value such as coin collections, antiques, jewelry, etc.? If yes, describe the business and/or other items and their approximate value on separate piece of paper.

YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed at your death. If you need more room, please use an additional piece of paper.

BENEFICIARIES

30. **Special Gifts to Children, Family, Friends or Other Individuals** (for example: wedding ring to your daughter)

Name of Person & Relationship	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

31. **Special Gifts to Organizations** (a charity, foundation, religious or fraternal organization)

Name of Organization & Address	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

32. **Distributing the Rest: Primary Beneficiaries**

After the special gifts above (if any) have been distributed, who should receive the rest of the estate?

Check here if you want your spouse to get all, and if your spouse dies, then equally to your children. NOTE: You may select this option even if you and your spouse don't currently have children but expect to have children.

If you did not check the box above, please complete the grid below.

Name of Person (First, Middle, Last) or Organization	Relationship	Percentage (must add to 100%)

33. **Alternate Beneficiaries**

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person (First, Middle, Last) or Organization	Relationship	Percentage (must add to 100%)

34. **Disinheriting**

Are there any relatives that you specifically do not want to receive anything from your estate? List names & relationship:

35. **List dependents who may be under a disability and require special care**

Name of Dependent	Type of Aid or Program Now Receiving	Amount you wish to provide

Do you want to provide just "basic" care or luxuries/extras to supplement government benefits? ☐ **just basic** ☐ **lux/extras**

SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI).

36. If you are on active duty, this is often a large part of your estate and is an important part of the planning. List the beneficiaries *exactly* as they appear in your service record:

Name of Beneficiary	Relationship to You	Share to Each: use %, \$ amounts or fractions	Payment Option (Lump sum or 36 payments)
Principal			
1.			
2.			
Contingent			
1.			
2.			
3.			
4.			

CHOOSING THE PEOPLE THAT WILL TAKE CARE OF YOUR PERSONAL MATTERS AFTER YOUR DEATH

37. **Personal Representative/Executor:** This person manages the probate and settlement of your estate.

Full Name:
Relationship:
Address:

38. **Successor Personal Representative/Executor:** Back-up manager that takes over if your first personal representative dies or resigns - same restrictions as above.

1st Successor
Full Name:
Relationship:
Address:
2nd Successor
Full Name:
Relationship:
Address:

39. **YOUR CHILDREN**

Full Name (First, Middle, Last)	Age	T=From this Marr. P=Previous Marriage If P, whose? H or W	Child Married? Y or N	Child's Gender	Office Use: H W N / A / S

40. If you have step-children or adopted children, do you want your will to state that they are to be treated under your will like natural born children? **yes** **no**

41. If you have children from a previous marriage, do you want to guarantee they receive an inheritance from you? ____

FOR CLIENTS WITH MINOR CHILDREN

GUARDIAN OF THE PERSON: This person will raise your children if something happens to you. The guardian with whom the child lives is called the *guardian of the person*, and does not have to be the same person who manages the child's money.

42. Primary Guardian of the Child/Children

Full Name:
Relationship:
Address:

43. Alternate Guardians

1st Alternate
Full Name:
Relationship:
Address:
2nd Alternate
Full Name:
Relationship:
Address:

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship *of the property*. This method does not provide as much flexibility for managing the funds as other options allow, and all of the money will be given to your children when they reach age 18, which may be too early. The alternative is a trust. This allows the money to be managed by someone you trust until the children reach any age you choose (many choose age 25). The person managing the money (called a trustee) has more flexibility in deciding how to invest the money, and the trustee may use the money throughout your children's lives for their health, education, and other needs—even before they reach the age at which the money is given to them in a lump sum.

44. Do you want to establish a trust for your children in your will? **yes** **no** **(If yes, continue below. If no, next page.)**

45. If the money has not been used up for my children's health, education, etc., give the remainder as follows (choose one):

give it to my children in one lump sum at age _____

give it to my children in installments as follows (choose one):

1/2 at 21 and 1/2 at 25; or 1/3 at 21; 1/3 at 25; and 1/3 at 30, or 1/3 at 25; 1/3 at 30; 1/3 at 35

customized installments (either two 1/2s or three 1/3s) as described below:

46. **TRUSTEE:** Generally speaking, the trustee should *not* be one of the older children, or anyone else who may share in the property as they will have a conflict each time they make a decision.

Primary (full name, relationship):
1 st Alternate (full name, relationship):
2nd Alternate (full name, relationship):

ADVANCED MEDICAL DIRECTIVES AND POWERS OF ATTORNEY

A LIVING WILL

47. A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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When you come in to execute your living will, you will select which of the following procedures will be *withheld* if you are terminal: surgery, antibiotics, CPR, respiratory support, and artificially administered feeding and fluids. You will have the option of selecting all of them, some of them, or none of them at the time you come in to execute your living will.

48. Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. If practical, do you want your family to remove you from a hospital or nursing home so you can die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

52. Who do you wish to appoint to carry out the instructions you set forth in your living will?

1st Choice:
Full Name (First, Middle, Last)
Address:
Phone Number:
2nd Choice:
Full Name (First, Middle, Last):
Address:
Phone Number:

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

53. A ***Durable Power of Attorney for Health Care*** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following or ☐ check this box if you want the same people you listed above in question 52.

1st Choice:
Full Name (First, Middle, Last):
Address:
Phone Number:
2nd Choice:
Full Name (First, Middle, Last):
Address:
Phone Number:

54. If you have a primary care physician or a physician that you would like to make health care decisions list them below

Primary Physician:
Full Name (First, Middle, Last):
Address:
Phone Number:

After you meet with an attorney to discuss your estate plan, the attorney will draft the will. Once your attorney has finished drafting your will, our office will call you to schedule an appointment to execute your will and other documents. When you come back to the office for the will execution, you will review your documents and execute them in a signing ceremony with witnesses.